



COUNTY OF SAN DIEGO

Department of Environmental Health
Hazardous Materials Division
Radiological Health Program
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2969 FAX (619) 338-2592

OFFICE USE ONLY

KIVA #: _____

PLAN CHECK #: _____

ACTIVITY #: _____

FEE AMOUNT \$: _____

☐ CASH ☐ CHECK _____
Check Number

RADIATION SHIELDING PLAN CHECK APPLICATION

Plans submitted by: _____ Phone #: () _____

Facility Name/ Owner's Name: _____ Phone #: () _____

Job Site Address: _____ Zip: _____

Mailing Address, if different: _____ Zip: _____

X-RAY MACHINE INFORMATION

# of Rooms	Manufacturer	Model/Type
_____	_____	_____
_____	_____	_____

OWNER/REPRESENTATIVE DECLARATION: I understand that the fee paid is based on my declaration of the radiation shielding classification.
If the declaration is incorrect, I understand that this application will not be approved until the appropriate fee is paid.

Signature: _____ Title: _____ Date: ____/____/____

This space for Office Use Only:

RADIATION SHIELDING PLAN CHECK FEE SCHEDULE

CLASSIFICATION		NO. OF ROOMS	FEES FY 05-06	LESS 10% CREDIT	REDUCED FEE*	TOTAL
DENTAL (6HXDEN-EHO)	FIRST ROOM		\$ 70.00	\$ - 7.00	\$ 63.00	\$
	EACH ADDITIONAL ROOM		\$ 20.00	\$ -2.00	\$ 18.00	\$
	(6HxDNC-EHO) ONSITE INSPECTION		\$ 35.00	\$ -3.50	\$ 31.50	\$
MEDICAL (6HXMED-EHO)	FIRST ROOM		\$ 75.00	\$ -7.50	\$ 67.50	\$
	EACH ADDITIONAL ROOM		\$ 35.00	\$ -3.50	\$ 31.50	\$
	(6HXMDC-EHO) ONSITE INSPECTION		\$ 75.00	\$ -7.50	\$ 67.50	\$
INDUSTRIAL (6HXIND-EHO)	FIRST ROOM		\$ 220.00	\$ -22.00	\$ 198.00	\$
	EACH ADDITIONAL ROOM		\$ 110.00	\$ -11.00	\$ 99.00	\$
	(6HXINC-EHO) ONSITE INSPECTION		\$ 110.00	\$ -11.00	\$ 99.00	\$

*These fees include the one-time credit authorized by the County Board of Supervisors on May 18, 2005.
For more information on this credit please call the phone number listed above.